In re	David J Schuler	
Case N	Debtor(s)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF M	ON	THLY INCO	M	E FOR § 707(b)(7	7) E	EXCLUSION	
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
	a.								
2	ı.	b. Married, not filing jointly, with declaration of separate households. By checking this box, on "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete of the C				y law or my spouse an	nd I are living apart other than for the		
	с. 🗆	Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spou					b abo	ove. Complete b	oth Column A
		Married, filing jointly. Complete both Colu					Spo	use's Income'')	for Lines 3-11.
		gures must reflect average monthly income red						Column A	Column B
		dar months prior to filing the bankruptcy case ling. If the amount of monthly income varied						Debtor's	Spouse's
		onth total by six, and enter the result on the a			, ,	ou must divide the		Income	Income
3	Gross	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	3,486.20	\$
	Incon	ne from the operation of a business, profess	ion	or farm. Subtract	Li	ne b from Line a and			
		the difference in the appropriate column(s) of							
		ess, profession or farm, enter aggregate numb nter a number less than zero. Do not include							
4		b as a deduction in Part V.	апу	part of the busine	ess	expenses entered on			
				Debtor		Spouse			
	a.	Gross receipts	\$	0.00		•			
	b.	Ordinary and necessary business expenses	\$	0.00					
	c.	Business income	Su	btract Line b from	Li	ne a	\$	0.00	\$
		s and other real property income. Subtract l							
		oppropriate column(s) of Line 5. Do not enter a							
5	part	of the operating expenses entered on Line b	as a	Debtor	ri '	Spouse			
3	a.	Gross receipts	\$	0.00					
	b.	Ordinary and necessary operating expenses	\$	0.00	_				
	c.	Rent and other real property income	Su	btract Line b from	Li	ne a	\$	0.00	\$
6	Inter	est, dividends, and royalties.					\$	0.00	\$
7	Pensi	on and retirement income.					\$	0.00	\$
		amounts paid by another person or entity, oneses of the debtor or the debtor's dependent							
8		ose. Do not include alimony or separate maint							
	spous	e if Column B is completed. Each regular page	yme	nt should be report	ted	in only one column;			
	if a pa	ayment is listed in Column A, do not report the	at p	ayment in Column	В		\$	0.00	\$
		inployment compensation. Enter the amount i							
		ever, if you contend that unemployment composit under the Social Security Act, do not list the							
9		but instead state the amount in the space belo		lount of such comp	pcı	isation in Column 71			
		mployment compensation claimed to							
		benefit under the Social Security Act Debtor	r \$	0.00 Spe	ou	se \$	\$	0.00	\$
	1	ne from all other sources. Specify source and	l an	ount. If necessary	7, li	st additional sources			
	on a s	separate page. Do not include alimony or sep	ara	te maintenance pa	yr	nents paid by your			
	spouse if Column B is completed, but include all other payments of alimony or separate								
	maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or								
10		stic terrorism.	uIII	ancy, or as a victili	11 ()	i international Of			
				Debtor		Spouse			
		Debtor's PT Job Gross	\$	1,102.33					
	b. C	Girlfriend's Monthly gross	\$	2,163.05	\$				
Total and enter on Line 10				\$	3,265.38	\$			
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if								
	Colur	nn B is completed, add Lines 3 through 10 in	Col	umn B. Enter the	tot	al(s).	\$	6,751.58	\$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.			6,751.58			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION						
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the nuenter the result.	umber 12 and	\$	81,018.96			
14	Applicable median family income. Enter the median family income for the applicable state and hous (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankrupto						
	a. Enter debtor's state of residence: NY b. Enter debtor's household size:	2	\$	57,884.00			
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME	FOR § 707(b)(2)		
16	Enter the amount from Line 12.	\$	6	6,751.58
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any incom Column B that was NOT paid on a regular basis for the household expenses of the debtor or the dependents. Specify in the lines below the basis for excluding the Column B income (such as pa spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependent of income devoted to each purpose. If necessary, list additional adjustments on a separa not check box at Line 2.c, enter zero.	debtor's yment of the ndents) and the		
	a. \$ b. \$ c. \$ d. \$ Total and enter on Line 17		S	0.00
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$	3	6,751.58
	Part V. CALCULATION OF DEDUCTIONS FROM IN Subpart A: Deductions under Standards of the Internal Revenue S	ervice (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from Standards for Food, Clothing and Other Items for the applicable number of persons. (This inform at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of per that would currently be allowed as exemptions on your federal income tax return, plus the number additional dependents whom you support.	nation is available sons is the number	S	1,029.00
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom			
	Persons under 65 years of age Persons 65 years of age or			
	a1.Allowance per person60 a2.Allowance per personb1.Number of persons2 b2.Number of personsc1.Subtotal120.00 c2.Subtotal	144 0 0.00	S	120.00
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Utilities Standards; non-mortgage expenses for the applicable county and family size. (This info available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family the number that would currently be allowed as exemptions on your federal income tax return, plany additional dependents whom you support.	ormation is y size consists of	6	539.00

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fee any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from				
200	not enter an amount less than zero.	,			
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,004.00			
	b. Average Monthly Payment for any debts secured by your	\$ 686.00	\parallel		
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	Subtract Line b from Line a.	' _{\$}	318.00	
				310.00	
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	¢.	0.00	
			_ \$	0.00	
22A	Local Standards: transportation; vehicle operation/public transpo You are entitled to an expense allowance in this category regardless o vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expens included as a contribution to your household expenses in Line 8.	f whether you pay the expenses of operating	a		
	$\square 0 \square 1 \square 2$ or more.				
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	\$	556.00		
	Local Standards: transportation: additional public transportation	expense. If you pay the operating expenses			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy			0.00	
	court.) Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)		\$	0.00	
	\blacksquare 1 \square 2 or more.				
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Linthe result in Line 23. Do not enter an amount less than zero.	e			
	a. IRS Transportation Standards, Ownership Costs	\$ 517.00			
	Average Monthly Payment for any debts secured by Vehicle		1		
	b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	\$ 84.00 Subtract Line b from Line a.		433.00	
			\$	433.00	
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$ 0.00	<u> </u>		
	Average Monthly Payment for any debts secured by Vehicle b. 2 as stated in Line 42	\$ 0.00	,		
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	- _{\$}	0.00	
	Other Necessary Expenses: taxes. Enter the total average monthly ex		-		
25	state and local taxes, other than real estate and sales taxes, such as inc	ome taxes, self employment taxes, social			
	security taxes, and Medicare taxes. Do not include real estate or sale	s taxes.	\$	1,437.88	

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such as Do not include discretionary amounts, such as voluntary	retirement contributions, union dues, and uniform costs.	\$	0.00	
27	Other Necessary Expenses: life insurance. Enter total are life insurance for yourself. Do not include premiums for any other form of insurance.	\$	0.00		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total av childcare - such as baby-sitting, day care, nursery and pres		\$	0.00	
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of you insurance or paid by a health savings account, and that is include payments for health insurance or health savings	ourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. Do not	\$	0.00	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			135.00	
33	Total Expenses Allowed under IRS Standards. Enter the	ne total of Lines 19 through 32.	\$	5,719.54	
24	Health Insurance, Disability Insurance, and Health Sav the categories set out in lines a-c below that are reasonably dependents.				
34	a. Health Insurance	\$ 313.90			
	b. Disability Insurance	\$ 0.00			
	c. Health Savings Account	\$ 0.00	\$	313.90	
	Total and enter on Line 34. If you do not actually expend this total amount, state yo below: \$	our actual total average monthly expenditures in the space			
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable a ill, or disabled member of your household or member of your expenses.	and necessary care and support of an elderly, chronically	\$	0.00	
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			0.00	
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			0.00	
38	Education expenses for dependent children less than 18 actually incur, not to exceed \$147.92* per child, for attend school by your dependent children less than 18 years of as documentation of your actual expenses, and you must enecessary and not already accounted for in the IRS Sta	lance at a private or public elementary or secondary ge. You must provide your case trustee with explain why the amount claimed is reasonable and	\$	0.00	
	1		Ψ.	0.00	

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					0.00
40	Continued charitable contributions. financial instruments to a charitable or			e form of cash or	\$	0.00
41	Total Additional Expense Deduction	s under § 707(b). Enter the total of I	Lines 34 through 40		\$	313.90
	S	ubpart C: Deductions for De	bt Payment		•	
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment,					
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a. Chase	Location: 22 Tamarack Street, Buffalo NY 14220	\$ 686.00	■yes □no		
	b. Cheektowaga Central FCU	2005 Chevy Malibu	\$ 84.00 Total: Add Lines	□yes ■no		770.00
43	Other payments on secured claims. I motor vehicle, or other property necess your deduction 1/60th of any amount (payments listed in Line 42, in order to sums in default that must be paid in or the following chart. If necessary, list a Name of Creditor aNONE- Payments on prepetition priority cla priority tax, child support and alimony	sary for your support or the support of the "cure amount") that you must pay maintain possession of the property. der to avoid repossession or foreclosudditional entries on a separate page. Property Securing the Debt ims. Enter the total amount, divided by	f your dependents, you the creditor in addition. The cure amount wou are. List and total any 1/60th of the \$\frac{1}{60}\$ To \$\frac{1}{60}\$ To \$\frac{1}{60}\$ of all priority cl	u may include in on to the ld include any such amounts in le Cure Amount otal: Add Lines aims, such as	\$	0.00
	not include current obligations, such		the time of your banki	upicy ming. Do	\$	0.00
45	issued by the Executive Office	apter 13 plan payment. strict as determined under schedules of United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of		0.00 5.60	\$	0.00
46	Total Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.		\$	770.00
	Si	ubpart D: Total Deductions f	rom Income			
47	Total of all deductions allowed under	r § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$	6,803.44
	Part VI. DE	TERMINATION OF § 707(t	o)(2) PRESUMP	ΓΙΟΝ		
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$	6,751.58
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					6,803.44
50	Monthly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the resu	ılt.	\$	-51.86
51	60-month disposable income under § result.	707(b)(2). Multiply the amount in Li	ne 50 by the number	60 and enter the	\$	-3,111.60

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	■ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of postatement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of					
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).					
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed	as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
	The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may		ion arises" at the top			
	Part VII. ADDITIONAL EXPENSE	CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All feach item. Total the expenses.	n your current monthly income und	ler §			
	Expense Description	Monthly Amou	nt			
	a.	\$				
	b.	\$				
	c.	\$				
	d.	\$				
	Total: Add Lines a, b, c, and d	\$				
Part VIII. VERIFICATION						
I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors						
	must sign.) Date: August 1, 2012 Signature: /s/ David J Schuler					
57	Digitalia Digitalia	David J Schuler				
		(Debtor)				

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.